



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
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502-564-7479 fax
<http://abc.ky.gov>

Presentation/Speaker Request Form

Group Name: _____ Event Title: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Event Contact Person: _____ Primary Phone #: _____

Contact Email: _____

Date of Presentation: _____ Start Time: _____

Length of Presentation: _____ Number of Presentations: _____

Number of Participants per Presentation: _____

Audience (i.e., middle school students): _____

Type of Presentation Desired: ☐ Speaker ☐ Round Table ☐ Booth/Fair ☐ Other

Description of the Event:

Description of Desired Presentation: *Please note if this is a keynote presentation.*

• The request form is due one month prior to the event to be considered. If the request form is not received timely, then the agency may be unable to participate.

• Submission of a request form does not guarantee agency participation.

Agency decision: _____ Signed: _____ Date: _____